The New England JOURNAL of MEDICINE

Owned and Published by
THE MASSACHUSETTS MEDICAL SOCIETY

Official Organ of The Massachusetts Medical Society
The New Hampshire Medical Society—The Vermont State Medical Society
The New England Surgical Society—The Boston Surgical Society, Inc.
The New England Pediatric Society—The New Hampshire Surgical Club
The New England Obstetrical and Gynecological Society
And The Neisserian Medical Society of Massachusetts

Volume 206

January 7, 1932, to June 30, 1932

med. #2
6608
(16)

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Ad.—Address
B. M. L.—Boston Medical Library
B. R.—Book Review
B. S. S.—Boston Surgical Society
C.—Correspondence
E.—Editorial
M. L. N.—Massachusetts Legislative Notes
M. M. S.—Massachusetts Medical Society
M. M. B. S.—Massachusetts Medical Benevolent Society
M. P.—Medical Progress
M. N.—Meeting Notice
M. R.—Meeting Report
Misc.—Miscellany
N.—Notice
N. E. H. A.—New England Heart Association
N. E. M. C.—New England Medical Council
N. E. S. S.—New England Surgical Society
N. E. U. A.—New England Urological Association
N. H. M. S.—New Hampshire Medical Society
N. I.—News Item
O.—Obituary
Or.—Original Article
V. S. M. S.—Vermont State Medical Society

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The New England
Journal of Medicine

VOLUME 206 JANUARY 7, 1932 NUMBER 1

THE HUMAN AND ECONOMIC PROBLEM OF CHRONIC ARTHRITIS*

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HUMAN DOCUMENT No. 1

A TALL, ptotic woman of 35, weighing less than 100 pounds. Lineaments of former beauty and happiness discernible. Present disfigurement and discouragement only too evident. A musician by nature; a mother and family drudge by marriage. Elbows, hands, knees and feet swollen and limited in motion. Chronic Atrophic (Rheumatoid) Arthritis of ten years' duration. No known cause other than worry and depression. All known or imagined foci of infection removed years ago. Treatment by anti-rheumatic medication and vaccines had been unavailing. Irrevocable changes in joint tissues. This was the picture presented when consultation was sought. Placed in a modern hospital with every facility for treatment. Fresh air, sunshine, laboratory study, physical therapy, interested medical and orthopedic attention lavished. Period of observation six months. Then return to family 1,000 miles away became financially necessary. *Result.* Gain of 20 pounds in weight. No new joints affected. Activity of disease controlled, arrest seems possible if favorable mental and physical regimen can be continued under medical observation in her own home. Letter nine months later. Regimen gradually relaxed. Perhaps insufficient help from busy husband, family cares, never leaves room on second story, no courage or facilities to keep up the fight. More joints involved, practically bedridden. Tired and worn out by mental and physical struggle. May well yet live to three-score years and (perhaps) ten, but with distressing labor and sorrow. Too late. Permanent loss of function, *serious;* permanent loss of morale, *more serious.*

HUMAN DOCUMENT No. 2

Eminent lawyer of 70. Huge, overweight man, former athlete, knowing good food but temperate. Mentally alert, optimist by nature. Weighty matters to settle. Overwork. Constipation, high blood pressure. Many years of increasing disability in back, hips, knees, hands and feet, not taken seriously in an attempt to "bull it through". Rest and careful diet either not enjoined by physician or followed by patient. No hospitalization. This the picture presented when consultation was sought. Far advanced Hypertrophic Arthritis. Suggestions as to diet, loss of weight, relief of constipation only partially followed. Relief of back and lower extremity joints by apparatus. Course of vaccine treatment at request of patient's friends followed by no appreciable benefit, perhaps less constipation. Period of observation one year. *Result.* Increasing disability, onset of sciatica from nerve root pressure of bony overgrowths. Confinement to house, optimism waning. Cerebral hemorrhage, death. Early signs and symptoms not taken seriously because tolerable. Individual as a whole not considered or conserved, wastage of many years of usefulness.

I. PREVALENCE OF CHRONIC DISEASE

Chronic disease is a wastage. It is a challenge, if not a reproach to the medical profession, for it may be largely prevented. We quote from a previous article. An estimate by Louis I. Dublin, statistician for the Metropolitan Life Insurance Company, places the yearly cost of preventable diseases in the United States at nine billion dollars and the possibility of its control at 1/10 of this amount. As he says, there is no better investment available to any organized community than good, well-balanced public health service.

Richard Conant, Commissioner of Public Welfare in Massachusetts, has found that in the long run the greatest single cause of poverty is chronic illness. A recent survey by the State Department of Public Health has revealed the astounding fact that ten per cent. of the entire population of Massachusetts exhibit some form of chronic disease and that after 40 years of age, 25 per cent. have their efficiency lessened or are crippled by chronic disease.

II. INCIDENCE OF CHRONIC RHEUMATIC DISEASE AND ITS ECONOMIC IMPORTANCE

A house to house survey in two considerable urban and rural sections, and smaller check-ups throughout the state of Massachusetts have yielded a probably reliable estimate of the numerical importance of the four most prevalent forms of chronic disease. The state has a population of approximately four and a half millions.

There are roughly 10,000 cases of cancer.

There are roughly 25,000 cases of active tuberculosis.

There are roughly 80,000 cases of cardiovascular disease.

There are roughly 150,000 cases of so-called rheumatism.

Most of the persons suffering from the first three forms of chronic disease either recover or die fairly quickly. Most of the persons with

*Read before the Roxbury Clinical Record Club, November 17, 1931.

An address delivered before the Inter-State Postgraduate Medical Association of North America at Milwaukee, October 19, 1931. To be published in full in the Proceedings of the Association.

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